



Please print and fill out this form. It will be returned if not filled out completely.

## ALARM PERMIT APPLICATION

For one alarm system

**PERMIT FEE:**  
Residential \$50  
Commercial \$100

**PLEASE READ BEFORE FILLING OUT THIS APPLICATION:**

1. PERMIT HOLDER – We MUST have the name, address and telephone numbers (home and business) of the PERSON who will be responsible for the alarm system. A COMPANY NAME IS NOT ACCEPTABLE.
2. The signature of applicant/permit holder must be the signature of the person listed as the permit holder.
3. The application must be accompanied with a check/money order/credit card for payment.

ALARM LOCATION INFORMATION	
Name (Business or Resident)	
Alarm Location Address	
Mailing Address (if different)	
Phone Number	

PERMIT HOLDER INFORMATION	
Name	
Phone (Cell)	
Email Address	

**PERMIT TYPE:**

Commercial - \$100 Permit Fee

Residential - \$50 Permit Fee

ALARM COMPANY INFORMATION	
Alarm Co Name	
Type of System	
Alarm Co Contact Ph	
Door Sensors <input type="checkbox"/> Yes <input type="checkbox"/> No	Window Sensors <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No

SUBMIT A SEPARATE PERMIT APPLICATION FOR EACH SYSTEM. THE PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF THIS SUBMITTAL.

OFFICE USE ONLY	Date Received	Permit Number	Expiration Date	Staff Member's Signature
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I have carefully completed this application and hereby agree if the permit is issued, I will comply with all the currently adopted Codes of the City of Aurora, Texas. I understand that failure to comply can and will result in fines and penalties.

\_\_\_\_\_  
SIGNATURE OF THE APPLICANT

\_\_\_\_\_  
DATE

COA ALARM REGISTRATION PERMIT